

Name in Full

Certificate of Death

Roger Bushaw
 Town County

Died at Salisbury

Wicomico

MARYLAND

Date 1902 Apr. 29 Month Day Y. M. D. Age 8 Native of Somerset Occupation Schoolboy

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

W. J. Bushaw

Maiden Name

Kate Barnes.

Cause of

Primary

Tubercular Meningitis

How long sick

4 weeks

Death

Immediate

-Accident, Suicide, Homicide-

Reported by

Louis D. Allison, M.D.

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elsie J. Boudin

Town

County

Died at

Whayland

Maine

MARYLAND

Date 1902

Month

Day

4 20

Age

Y.

M.

D.

2 28

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

James E. Boudin

Mother's

Name

Anna E. Boudin

Cause of

Primary

How long sick

4 weeks

Death

Immediate

Whooping Cough

Accident, Suicide, Homicide

Reported by

E. A. Denson

Address

Whayland

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

William Hardy Culver
 Town Delmar County Micomico MARYLAND

Died at

Date 1902 Month 4 Day 23 Y. 39 M. 9 D. 4 Native of Delaware Occupation Teacher
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Mother's

Name

How long sick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. PROSD



Name In Full

Certificate of Death

George H. Dashiield

Town

County

Salisbury

Wicomico

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 12

Age 22

-

-

Md

Labourer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

G. Dashiield

Mother's

Maiden Name

Harriett Dashiield

Cause of

Primary

Typhs Pneumonia

How long sick

10 days

Death

Immediate

Wicomico Convulsions

Accident, Suicide, Homicide

Reported by

G. M. Todd

Address



Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant of Stanton Davis

CERT.

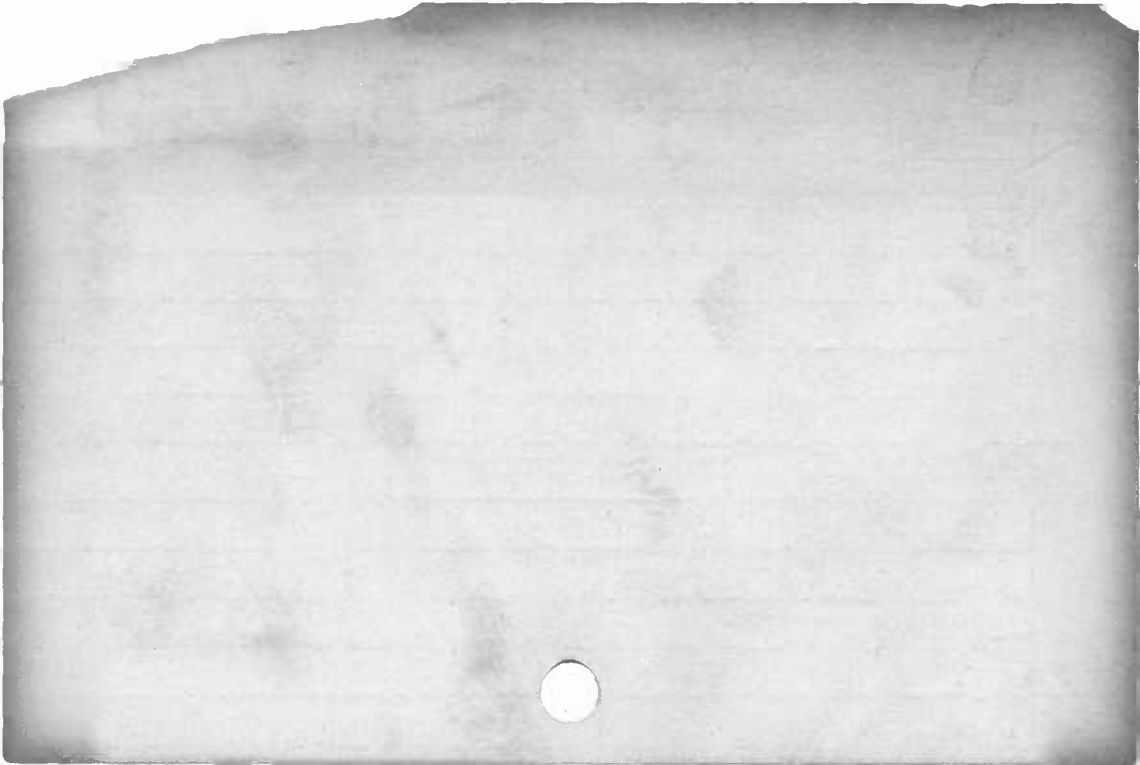
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powellville</i>		Town		<i>Boycornier</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>4th</i>		Day <i>20th</i>		Age		Years Months Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Powellville</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information <i>Dr. J. B. Rayne</i>						How related to deceased <i>not all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No Physician</i>	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

April 25

Age

8

Towson

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Branton Dickerson

Sarah J. Dickson

Cause of

Primary

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Branton Dickerson Thos. Hall
Capitol Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Thomas Ellis

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr

12

Age

79

Male

White

Married

Widow

Divorced

Watchman

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

12 to 15 hours

Accident, Suicide, Homicide

Reported by

F. M. Clemens M.D.

Address

Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr.

Age

77

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

~~Wife~~

Father's

Mother's

Name

Maiden Name

95

Cause of

Primary

Congestion of Lungs

How long sick

3 or 4 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Louis W. McCombs M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Margaretta Gordy

Town

County

Died at Delmar

Mycomie

MARYLAND

Date 1902 11 20 30 Y M. D. 1 Native of America Housekeeper
 Male White Married Widow Divorced
 Female Colored Single Widow Number of children living 1

Husband of E. E. Gordy
 Wife 1520

Father's Name P. D. Leathers

Mother's Name Don't know

Cause of Primary Bright's Disease

How long sick

Death Immediate No

Accident, Suicide, Homicide

Reported by Dr. Robert Ellwood

Address Delmar Del



Wm Gosley

Wicomico

Died at

White Bluffs

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April

5

Age

19

Mariner

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr W. J. Catlin

Address

Cape lotica

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Lemuel Hashings

Certificate of Death

10

Died at

Town

Selma

County

McCombs

MARYLAND

Date 1902

Month

4

Day

14

Age

Y.

M.

D.

Native of

Occupation

79-5-5

Maryland

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

2

Husband

of

~~Wife~~

Mary Jane

Heston

Father's

Name

William

Mother's

Name

Levinia Hashings

Cause of

Primary

General Debility

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

James Selman 154

Brayshaw M.D.
Sel.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

TIDBURY BUREAU, BUREAU



Name in Full

Certificate of Death

Lennie A Linteton

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 23

Age 39

1

12

Md

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Edith Linteton

120

Wife

Father's

Name

John Linteton

Mother's

Maiden Name

Callie E Windbron

Cause of

Primary

Bright's Disease

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

F. M. Dickerson M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at

Town

County

MARYLAND

Date 1901

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Gurtis
Robt. Malone

Town

County

Died at

*Aller**Wec*

MARYLAND

Date 1902 *Apr 23* | Month *Apr* | Day *23* | Y. *13* | M. *4* | D. *21* | Native of *Mo* | Occupation
 Male *White* | ~~Married~~ | ~~Widow~~ | ~~Divorced~~
~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband of

~~Wife~~

Father's

Name

P. W. Malone

Mother's

Maiden Name

Mary Swilley

Cause of

Primary

Throat lacerated

How long sick

6 days

Death

Immediate

Septicemia

-Accident, Suicide, Homicide

Reported by

J. J. Long

Address

Aller Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mathias J. Marshall

Died at ^{Town} Near Salisbury ^{County} Wicomico MARYLAND

Date 1902 ^{Month} April ^{Day} 7 ^{Age} 76 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Sailor

Male ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Number of children living} 4

~~Female~~ ^{Colored} ^{Single} ^{Widower}

Husband of ^{Wife} Esther A. Hopkins

Father's Name Sam. Marshall Mother's Name Nancy Marshall

Maiden Name

Cause of Death { Primary Valvular Heart Disease } How long sick 1 year

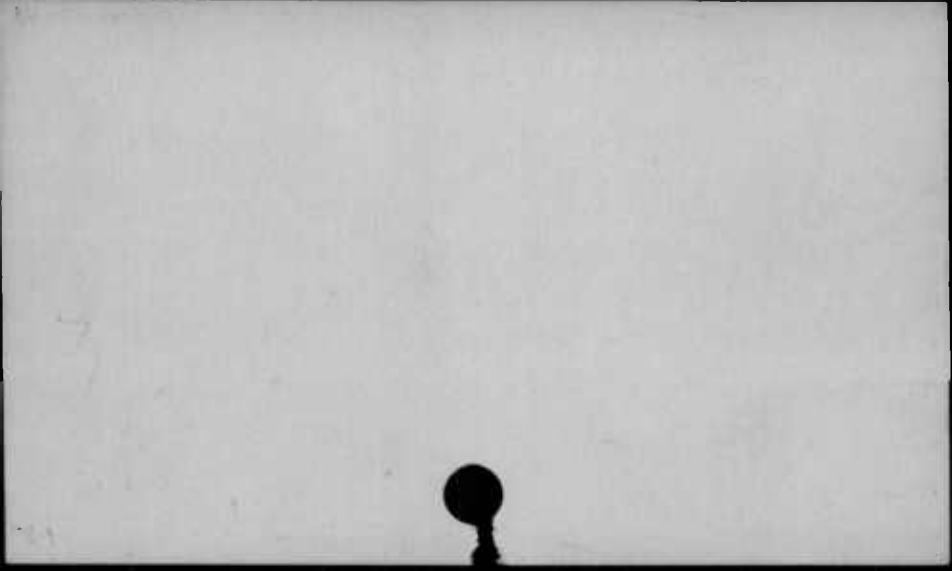
Immediate Heart Disease } Accident, Suicide, Homicide

Reported by Geo. H. Todd

Address Salisbury Md

Filed 1902

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elijah Nichols

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Parsonshung April 24

Age 68

Marylander-Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dementia

How long sick

2 or 3 years

Death

Immediate

occlusion of Bowels

Accident, Suicide, Homicide

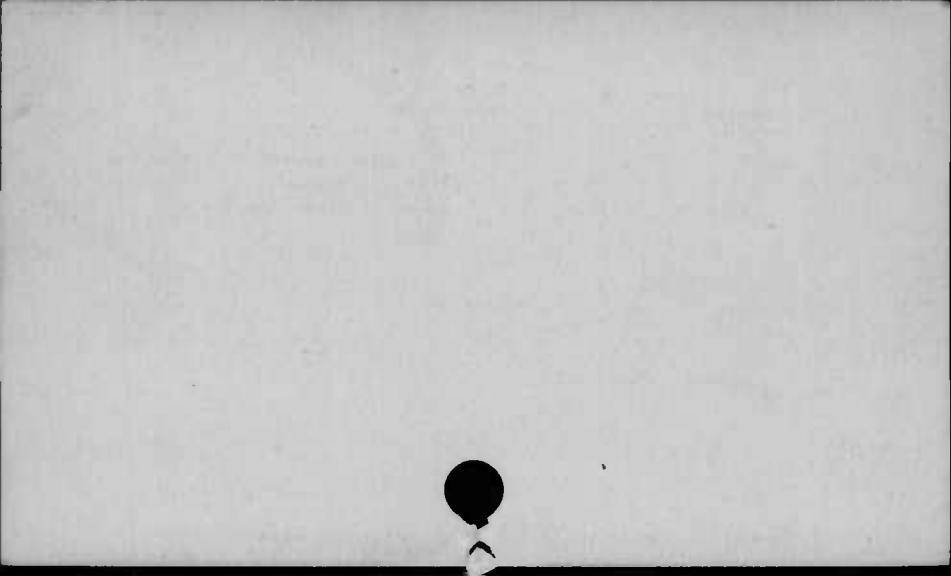
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Geo. H. Truitt

Parsonshung Wicomico Co, Md.



No name

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

07

Apr.

2

Age

1

african

Infant

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Elisha J. C. Parsons

Mother's

Maiden Name

Ella

Emmeline

Cause of

Primary

Premature Birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

(Salisbury Md.)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thos. W. Smittle

Town

County

Died at

Allen

Wec

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 13

Age 58

Md

Farming

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Six

Husband of

Katie Phorbux

Father's

Name

Samuel Smith

Mother's

Name

Elizabeth Smith

Cause of

Primary

Pneumonia - Typhoid

How long sick

17 days

Death

Immediate

Cardiac failure

Accident, Suicide, Homicide

Reported by

L. J. T. Lantz M.D.

Address

Allen

Wec

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Infant of William Sturgis

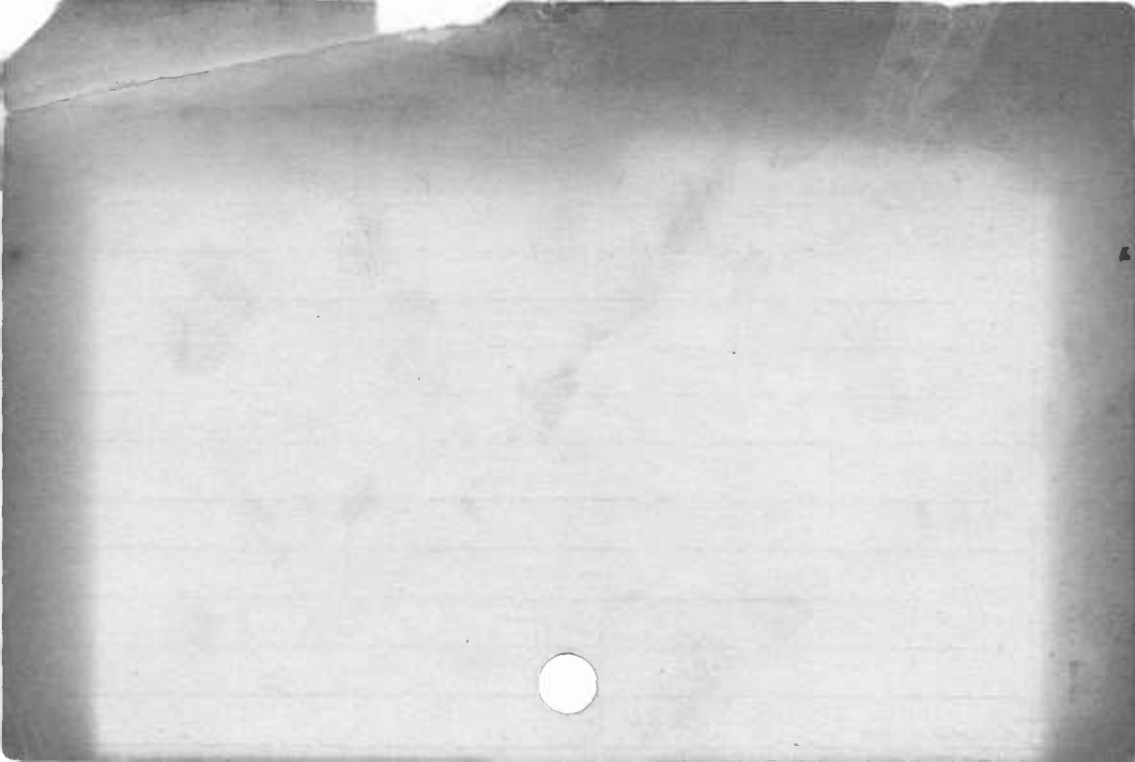
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powellville</i>		Town		<i>Barren</i>		County		<i>MARYLAND</i>	
Date of death 190 <i>2</i>		Month <i>4th</i>		Day <i>20th</i>		Age		Years Months Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Powellville</i>					
Married, Single or Widowed <i>Single</i>		Occupation							
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information <i>L. T. Rayne</i>						How related to deceased <i>Not any</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Infant

Town

County

Died at

Whoyland

Wicor

MARYLAND

Month

Day

Y.

M

D.

Native of

Occupation

Date

1902

4 28

Age

8

White

Married

Widow

Divorced

Female

~~Married~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

John Townsend

Mother's

Name

Eva Townsend

Cause of

Primary

How long sick

3 days

Death

Immediate

Scarlet Fever

Accident, Suicide, Homicide

Reported by

E. A. Denson Undertaker

Address

Whoyland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Name in Full

Certificate of Death

Eva

Bunigg

Town

County

Died at

Maryland

Miss

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

4

10

Age

11 21

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

John Bunigg

Mother's

Name

Eva White

Cause of Primary

How long sick

2 weeks

Death Immediate

Brain Fever

Accident, Suicide, Homicide

Reported by

E. A. Deason Undertaker

Address

Maryland

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55989



Sarah Ann Trilley

Town

County

Died at *near Belmar Wisconsin*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02**April 11*Age *73**Id**housework*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

6~~Husband~~ of*Daniel Trilley*

Wife

Father's

Mother's

Name

Maiden Name

13

Cause of

Primary

Suppose colormorbus

How long sick

Death

Immediate

had no doctor~~Accident, Suicide, Homicide~~

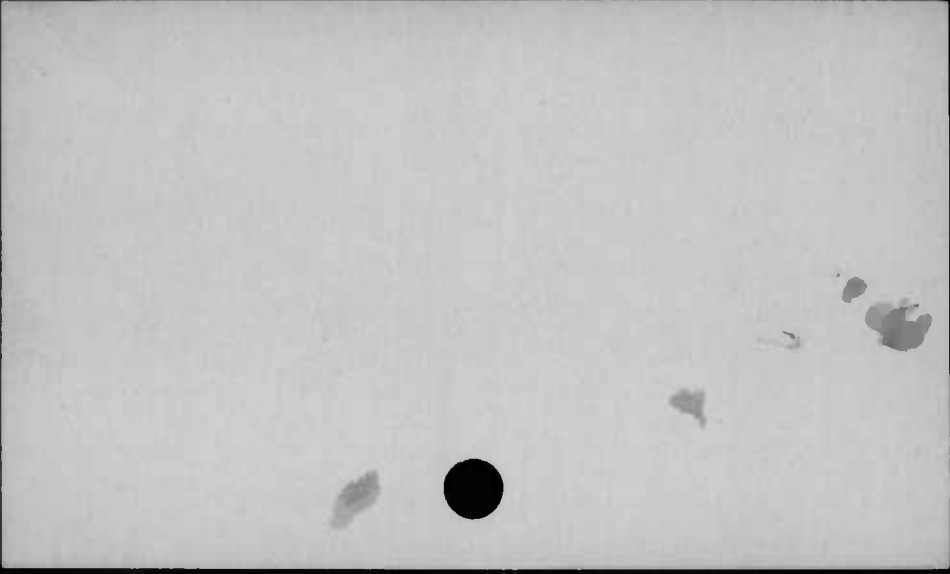
Reported by

G C Holloman & Co Undertakers

Address

Belmar Wisconsin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nettie M Vincent

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

April 28

Age

10

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicida, Homicida

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Fula Watson

Town

County

Died at

Fruitland unincorporated

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

apr. 22

Age

8

unincorporated

School

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Wm. Watson

Mother's

Maiden Name

Aunie Watson

Cause of

Primary

Scarlet fever

How long sick

8 days

Death

Immediate

Toxaemia

Accident, Suicide, Homicide

Reported by

Louis W. Allison M.D.

Address

Chesley Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

